Statistically significant and clinically meaningful pain reduction was observed with nirogacestat compared with placebo at cycle 10 across all three assessment tools evaluated in DeFi; exploratory analyses show that those receiving nirogacestat quickly improved, with separation between treatment arms observed as early as cycle 2 and sustained throughout.

**BPI-SF**
- At cycle 10, nirogacestat significantly reduced pain severity per the BPI-SF "worst pain" score (0–10 range) by 1.0 points (SE=0.20) compared with 0.05 points (SE=0.27) with placebo (one-sided P<0.001) (Figure 2)

**GODDESS-DTSS**
- At cycle 10, nirogacestat achieved a significant and clinically meaningful reduction in mean baseline pain per the GODDESS-DTSS pain score (0–10 range) by 1.7 points (SE=0.27) compared with 0.34 points (SE=0.38) with placebo (one-sided P<0.001) (Figure 2)

**EORTC QLC-C30**
- At cycle 10, nirogacestat significantly reduced mean baseline pain per the EORTC QLC-C30 pain subscale (0–10 range) by 2.2 points (SE=0.39) compared with an increase in pain by 0.7 points (SE=0.35) with placebo (one-sided P<0.001) (Figure 2)

**CLINICALLY MEANINGFUL PAIN REDUCTION FROM BASELINE (RESPONDER ANALYSIS)**
- Per the BPI-SF "worst pain" score (0–10 range), a statistically significant greater proportion of patients achieved a clinically meaningful pain reduction from baseline at cycle 10 (61.2%) with nirogacestat (95% CI, 0.58–0.65) than with placebo (26.3%) at cycle 10 (one-sided P<0.001) (Table 1)
- Per the GODDESS-DTSS pain score (0–10 range), a statistically significant greater proportion of patients achieved a clinically meaningful pain reduction from baseline at cycle 10 with nirogacestat (61.6%) than with placebo (16.9%) at cycle 10 (one-sided P<0.001) (Table 1)

**CONCLUSIONS**
- In the phase 3 DeFi study, patients with progressing desmoid tumors who received nirogacestat achieved a rapid, sustained, and consistent reduction in different aspects of pain (e.g., worst pain, pain interference, and pain intensity) compared with placebo across daily activities with similar pain levels across all three assessment tools evaluated in DeFi; exploratory analyses show that those receiving nirogacestat quickly improved, with separation between treatment arms observed as early as cycle 2 and sustained throughout.
- The benefit of nirogacestat versus placebo in reducing pain was consistent across all assessment tools evaluated in DeFi, including exploratory analyses that showed that those receiving nirogacestat quickly improved, with separation between treatment arms observed as early as cycle 2 and sustained throughout.
- Overall, these results support the use of nirogacestat as an effective and well-tolerated treatment option for patients with desmoid tumors.